## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 10/018240

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE	٦
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	,	OR	BASIC FEE	990	
TOTAL CHARGEABLE CLAIMS					*		Ī	X\$ 9=		OR	X\$18=	t	
INDEPENDENT CLAIMS					*		ľ	X42=		OR	X84=	1	٦
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ess than zero, enter		"0" in column 2		TOTAL		OR	TOTAL	,	
CLAIMS AS AMENDED - PART II								'			OTHER	THAN	
		(Column 1)		(Colur		(Column 3)	SMALL ENTITY			SMALL	NTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-
	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=	_	
AME	Independent	*	Minus	***	CLAIM	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM COPY								+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		~1											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-
S S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
II W	independent	*	Minus	***			•	X42=	and the succession of the succ	OR	X84=		3
	FIRST PRESE	NTATION OF ME	JLTIPLE DEF	ENDENT	CLAIM			+140=		OR	+280=	- · · · · · · · · · · · · · · · · · · ·	
								TOTAL			TOTAL		٦
		(O a l		(Calu	O\	(Column 2)	Al	DDIT. FEE		10.1	ADDIT. FEE		-
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVI PAID	IEST BER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME.	Independent	*	Minus	***		=		X42=		OR	X84=		I
╠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	-	OR	+280=		
	If the entry in colu	ımn 1 is less than t	he entry in colu	ımn 2, writ	e "0" in co	lumn 3:	Ŀ	TOTAL		<u>:</u>	TOTAL		_
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	L	_
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Independ	lent) is the	highest numbe	er four	nd in the app	propriate bo	x in co	lumn 1.	-	